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Two Cases Uterine Hydatids. By JNO. EVANS, M. D., of Attica, Indiana.

Uterine Hydatids seem to have attracted attention as early as the fifth century, as an allusion to them is found in the writings of Ætius; since which time numerous authors have successively given a more brief or extended description of the disease. But until Madam Boivin wrote, no full or systematic account was given of it. And since the publication of her memoir on the subject, in 1827, however erroneous some of her opinions may prove to be, authors seem to have contented themselves with her statements, and to have concluded that there is little else to do, than "to verify and strengthen her inferences." Even Prof. Gross, in his great work on Pathological Anatomy, has adopted, without dissent, her opinions.

As we are yet in the dark in reference to the cause, mode of development, and, to a great extent, the nature and proper treatment of the disease; the following cases are reported with a hope that they may add something to the amount of facts already gathered on the subject. They are interesting in their bearing on the subject of the origin of Hydatids, as it is a question of much forensic importance.

I am led to believe that Uterine Hydatids are much more common than the student of Dewees would suppose; as that veteran, in the course of a long life and a more extensive practice in Midwifery, than has fallen to the lot of any other American, found but a single case of the disease. I have had an account of several cases, falling under the observation of professional acquaintances, in addition to those here reported. And when we remember the amount of Obstetrical practice which is attended to by those who

are too ignorant, or too careless in their observations to notice a case of the kind; we may consistently conclude that many cases of Uterine Hydatids exists without being detected at all.

Case 1st.—Mrs. B., aged 25 years, of lymphatic temperament, light complexion and light hair; who had two healthy children, and enjoyed tolerable good health until the summer and fall of 1842, when she suffered from repeated attacks of intermittent fever; observed a gradual tumefaction of the abdomen, which led to the conclusion that she was pregnant.

At a period which she supposed to be the fifth or sixth month of gestation, she was seized with labor, and I was called to treat the threatened miscarriage. Before I arrived there had been expelled from the uterus a quantity of semi-transparent gelatinous fluid, which on cooling became more tenaceous, until it was of the consistency of the white of an egg, which was completely filled with hydatids of all intermediate sizes, between that of a grain of wheat and a hazel nut, and numbering many hundreds. I preserved for office inspection, a quart, which was about half the quantity discharged. There were no membranes observed.

The labor speedily subsided and was attended, at the time, with but little hæmorrhage or other unpleasant symptoms, and she was soon able to sit up most of her time, but did not entirely recover, owing to a torpid condition of the liver, an atonic condition of the stomach, and an occasional attack of the uterine hæmorrhage, which last, was generally arrested by a decoction of Ergot, or the use of sugar of lead and Dover's powder.

Cholagues, alteratives and tonics were used, as they seemed to be indicated for six months, without any permanent advantage, and the system gradually gave way. The attacks of uterine hæmorrhage became more frequent, more profuse and more difficult to control, until anemia and general anasaica were induced. This decline was attended with almost constant pain in the iliac region, and in the regio-pubis, without a corresponding tenderness, no doubt produced by the hydatids in the ovaries and uterus. Early in June, 1843, the flooding became profuse, and she sunk into a deep coma, with insensibility, the breathing became sterterous, and she died.

Autopsy 20 hours after death.—Brain presented a healthy appearance, except that, contrary to the apopletic symptoms of which she died, it partook of the general anemia, a case in illustration of anemic apoplexy. The thoracic and abdominal viscera presented

nothing worthy of remark until the ovaries were examined, which were enlarged to the size of a quail's egg, and on being divided were found full of hydatids of various sizes. The frimbriated extremities of the Fallopian tubes were highly injected with blood, and of a bright florid color.

The uterus was slightly enlarged, but presented a normal appearance externally. Within its cavity, near the middle of the posterior wall, there was a regular tumor of the size of a peach-stone, from the centre of which a polypus of gelatinous variety, about the size of a pea, was suspended by a narrow foot-stalk. Upon dividing the tumor it was found to contain a number of small hydatids, with two or three bodies containing all the characteristics of the above described polypus. On making further division of the posterior parieties of the uterus, there were found embeded in the substance, four or five isolated hydatids, which, like those expelled by labor, those found in the ovaries, and those of the tumor, presented all the appearances of the genuine acephalocyst.

This is, perhaps, the first case reported of a polypus being attached to the side of the uterus. The hæmorrhage, which was the cause of the death was not attributable to the hydatids, but to polypus. The irritation produced by the hydatids may have caused a greater determination to the uterus, "*ubi irritatio ibi affluxit*," and this have increased the bleeding of polypus.

Case 2nd.—Mrs. B., æt. 55 years, of robust constitution, bilious temperament, dark complexion and dark hair; of German extraction and a native of Pennsylvania,—had raised a family of healthy children, the youngest of whom was twelve years old, when she observed a gradual tumefaction of the abdomen, which excited suspicion that she had become pregnant in her old age. At the usual age, she had undergone "the change of life," and for a number of years had no sign of the catamenial flux, during which period she had enjoyed good health.

On the 1st of August, 1841, I found her in moderate labor, with slight hæmorrhage. Prescribed a free use of acet. Plumbi and Pulv. Doveri, which arrested both.

August 2d. Labor returned; and when I arrived, she had been delivered of a mass of hydatids, in a jelly like substance of about the consistence of the coagulum of blood. I attempted to preserve a quantity, as a specimen, but did not succeed. For two days, small quantities of this matter were discharged at inter-

vals; there was but little flooding, and she speedily recovered. About a year afterward, she informed me that she had enjoyed good health, and regularly menstruated since the hydatids were discharged.

We find Valesneri, Desormeaux, Mad. Boivin, Prof. Gross, and others, concurring in the opinion that uterine hydatids are always the product of impregnation, and are a degeneration of the placentæ, ovum or membranes, while Percy saw fit to acquit "a young religieuse" of a charge of incontinence, by declaring, that "vesicular moles are merely hydatids." And the only case Dewees found, was in a widow lady, of good character, whose husband had been dead three years. But here we have one case in which hydatids are found in the texture of the uterus, forming a tumor within its cavity, while a copious crop were formed rapidly and discharged without any sign of ovum or membranes. And another occurring at an age which is almost always beyond the period of susceptibility to impregnation.

These cases are sufficiently strong in opposition to the theory of hydatids of the uterus being the result of impregnation, to justify a jury in leaning to the side of mercy. For although the impregnated ovum is sometimes the seat of hydatids, as Dr. Atlee's case, and many others clearly prove, that fact is not quite broad enough to justify the conclusion, that they are only found in connexion with it.

Attica, Ia., March 10, 1845.

Cases of Surgery. By DANIEL BRAINARD, M. D., Prof. of Surgery in the Rush Medical College.

CASE I.

Extirpation of Submaxillary Gland.—B. T., of Ottawa, Ills., æt. about 38 years, consulted me in relation to a tumor of the lower jaw.

Present state.—On examination, I found a tumor extending from near the angle forward three inches on the jaw, upward to a level with the inferior molar teeth, and downward deeply into the neck, beneath the base of the jaw. With the finger in the mouth it could be felt involving the submaxillary gland. It was very hard and firm, except at the most projecting point, where it was elastic, and gave the sensation of fluctuation.

History.—The patient gave the following account of its developement. Seven months since (in August, 1844,) he had a decayed tooth, upon the right side of the lower jaw, which was extracted; soon after which, a small tumor was perceived upon the outside, below the point of its situation. This, when perceived, was of the size of a bean, immoveable (he thinks), very firm and little painful. It continued to increase until it attained the size we have described; its progress not having been checked by the use of iodine, blisters, &c., which had been resorted to for that purpose.

Treatment.—In order to remove all doubt, a small puncture of exploration was made, at the fluctuating point, from which no pus, but only a small quantity of redish serum, was discharged. The removal of the tumor was then determined upon and performed, March 17th, 1845, with the assistance of Drs. Herrick and Blaney, of this city, Dr. Abbott, of La Salle co., and in presence of several students of medicine, in the following manner:

An incision was made of a semi-lunar form, commencing at the side of the chin, extending along the base of the jaw, and terminating in front of the ear. Two others were then made upon the side of the neck, in such a manner, as with the first, to circumscribe a triangular space, embracing the most projecting part of the tumor. These would have enabled us, if it had been found necessary, to remove a portion of the jaw. The dissection was then continued from the mucous membrane of the mouth, a task of some delicacy, from the side of the jaw to which the growth was adherent, but from which it could be separated. The dissection was then commenced below, and the profound attachments of the tumor were exposed. The *cornu.* of the *os hyodes*, the nerve of the ninth pair, the *milo-hyoid* muscle, the lingual branch of the fifth nerve, were successively brought into view, and, finally, its connections, which were intimate with the membrane of the mouth, at the side of the tongue, were separated and its removal thus completed. This dissection was extremely tedious, as well from the numerous arterial branches, among which were the facial and lingual branches of the carotid, requiring ligatures, as from the proximity of this latter vessel and the internal jugular vein, which it was desirable not to wound. At this stage of the operation, it was found that several lymphatic glands were diseased, whose intimate connections with the great vessels of the neck, rendered their removal a matter of considerable difficulty. This was at

length effected, however, by the aid of the handle of the scalpel. Considerable blood was lost, but the patient bore the operation well. Simple dressings were applied, and the cicatrization of the wound proceeding favorably, the patient was enabled, on the 26th March, to leave for home, under the charge of Dr. Abbott, his medical attendant.

Examination of the Tumor.—This was found, when laid open, to consist of a tissue evidently scirrhus, softened at the point where it had been punctured, involving the submaxillary and several lymphatic glands.

CASE II.

Extirpation of an Encephaloid Tumor from the Neck.—C. F. consulted me, April 7th, 1845, with a tumor situated upon the right side of the neck, a little below the angle of the jaw, upon the anterior margin of the *sterna-mastoid* muscle. It was of the size of a large hickory nut, very firm, adherent to the skin above and to the muscle beneath. The patient had first perceived it about five weeks previously, and its growth had been attended with slight pains. It was removed the same day; the operation presented nothing unusual, if we except a tendency to hæmorrhage, which rendered necessary the application of three ligatures, and compression, to suppress the oozing of blood over the whole surface. Nothing unfavorable occurred, and the patient was able to leave for Michigan on the 11th of April. On laying open the tumor, it was found to consist at the outside of a tissue like scirrhus, but at the centre contained a quantity of substance, of the size of a large bean, having all the characters of encephaloid tissue.

Remarks.—Both the above cases are illustrative of a fact not sufficiently known, namely: that cancerous tumors, in their development, are often unattended by pain of any kind; and the latter case is an example, somewhat rare, of the deposition of the cerebriform matter in the tumor of moderate size.

BIBLIOGRAPHICAL NOTICES.

Bulletin of Medical Science, Edited by John Bell, M.D., &c., Nos. 1, 2, 3, Vol. 3. Philadelphia, Barrington & Haswell.

This is a monthly journal of 36 pages, 8vo., and from an examination of the numbers before us, we have formed a high opinion of its merits, finding it among the most interesting and valuable of our exchanges.

Twenty-fourth Annual Report of the Bloomingdale Asylum for the Insane, for the Year 1844. From PLINY EARLE, M.D., Physician to the Institution.

The subject of "Mental Maladies," and their treatment, is now occupying the attention of a large portion of the profession, and notwithstanding the great progress which has been made in relation to the pathology of these affections, every year adds something to our knowledge respecting them. The Bloomingdale Asylum ranks with the oldest in the country, and in all respects is well conducted. It is a branch of the New York Hospital, and has shared largely in the munificence of the state government.

We have not time, nor would it be altogether consistent with the object of this journal, to enter into a consideration of the various topics of interest presented in this Report, but we would call the attention of the medical profession to the importance of commencing one or more retreats, for the reception of the insane, in this State. Our sister State, Indiana, although not more favorably situated in a financial point of view than Illinois, has already taken this subject in hand, urged forwards by the efforts of Dr. Jno. Evans, of Attica, who is now at the east examining different establishments, with reference to planning one for that State. Here, too, the first impulse must come from physicians, and we know of nothing in which a more valuable service could be rendered to community, and a well deserved reputation established, than by devotion to this object.

PRACTICAL MEDICINE, &c.

Contributions to Therapeutics. By J. MOORE NELIGAN, M. D., Physician to Jervis-street Hospital, Lecturer on Materia Medica and Therapeutics in the Dublin School of Medicine, &c.

ON THE EMPLOYMENT OF CONIUM IN PAINFUL DISEASES.

In the following communication it is my intention to offer a few practical observations on the anodyne and sedative powers of the common hemlock, and to illustrate its medicinal properties by relating a few cases in which its employment has been attended with much benefit. Although much employed and highly extolled by the ancients, hemlock had fallen into complete disuse in modern medicine, until the latter end of last century, when it was again introduced, and generally used, owing to the high terms in which it was spoken of By Baron Störk, who, in 1762, published an account of the physiological and therapeutical properties of this drug. Störk ascribed two distinct therapeutical properties to the preparations of hemlock; first, that of a powerful anodyne and

sedative, and second, that of a deobstruent and alterative, especially in the treatment of glandular or visceral enlargements, of scrofulous affections, of secondary syphilis, and of chronic cutaneous diseases. In the present day, but little faith is placed in the deobstruent virtues of the drug, and much difference of opinion exists even as to its anodyne properties, consequently it has again lost much of its reputation as a medicine, and is not nearly so much employed as it deserves to be.

Since the discovery of the active principle of the plant, this almost universal discredit of its medicinal powers has been very satisfactorily accounted for, as it has been distinctly proved, that the application of even a moderate degree of heat, when continued for any time, causes it to undergo decomposition, and therefore that the extract, (the preparation most generally employed) when prepared in accordance with the directions of the Dublin and London Pharmacopœias, is for the most part, inert, or nearly so; that this is the case I have repeatedly satisfied myself, by applying the potash test to various samples of the extract of our Pharmacopœa, obtained at the best shops. The potash test is of so simple a character, so easy in its application, and so certain in its results, that we should never omit its employment before commencing the use of any of the preparations of hemlock. It consists merely in triturating in a mortar the preparation we wish to test with a small quantity of strong caustic potash, when the peculiar odor of the active principle, *conia*, is in a few moments emitted; care, however must be taken, not to confound this odor with that of the plant itself, from which it differs most remarkably, the latter bearing a singular resemblance to the smell of mice, while that of conia is a peculiar, penetrating, very disagreeable, somewhat alkaline odor, an acquaintance with which may be easily acquired by applying the test to the fresh green leaves, or to the recently gathered ripe fruit.

In commencing, then, any new investigation into the medicinal action and uses of hemlock, it becomes of much importance to take especial care that the preparations of the drug which we administer, should have their energy unimpaired, and the peculiar properties which exist in the recent plant as little changed as possible. The preparation which I employed in the following cases, and which I have been in the habit of prescribing for the last two years, under the name of Succus Conii, is simply prepared as follows: Take of fresh hemlock leaves any quantity, express the juice in a tincture press, set it aside for forty-eight hours, pour off the clear, supernatant liquor, from the fecula and chlorophylle which it has deposited, and lastly, add to it a fifth part, by measure, of rectified spirit. This preparation I have found to keep well for two years, and its uniform strength, as well as the facility with which we can increase or diminish the dose we are administering, gives it a decided advantage over either the extract or powder of the fruit or leaves. The best time for gathering the leaves

is when the plant is in full flower, and previous to submitting them to expression the stalks should be carefully picked out and rejected, the leafy part alone being used. As in many instances it is often of great advantage to possess an active preparation of a remedy in a solid state, I have tried many ways of preparing an extract of hemlock, which would retain unimpaired the medicinal powers of the plant, and the best I find is to be obtained by submitting the expressed juice, prepared as above to spontaneous evaporation; but even this extract, no matter how well and carefully preserved, soon looses all traces of *conia*.

Hemlock, when administered in medicinal doses to an individual laboring under disease, appears to me to produce its beneficial effects by allaying nervous excitability, and diminishing muscular pain; under its use also, both the force and frequency of the heart's action are lowered, but in no instances have I seen the least tendency to drowsiness or sleep. This is quite consonant with the account given by Christison of the action of hemlock when its poisonous effects are produced; "that it does not excite convulsive spasms or bring on insensibility, but that it exhausts the nervous energy of the spinal chord and voluntary muscles, occasioning merely convulsive tremors and slight twitches, and eventually, general paralysis of the muscles, and consequent stoppage of the breathing." The active principle, *conia*, according to the same able authority, produces a similar remarkable action on the spinal chord, "a few drops killing a small animal, such as a rabbit, cat, or puppy, in a few minutes, causing general paralysis, slight convulsive tremors, and death from the suspension of the breathing, without any alteration in the appearance of the blood." Such being the effects of hemlock, and its alkaloid, when given in poisonous doses, it can be readily understood that when administered as a medicine it will produce no very apparent physiological action, and that, in producing beneficial results, it appears to act insensibly on the system. The only manifest effect which I have seen it produce is where its use has been persevered in for some time, or the doses rapidly increased, when the patient generally complains of a disagreeable sensation of dryness of the throat, with a feeling of constriction and difficulty of swallowing, amounting to actual pain, and which always compels us either to suspend the use of the medicine altogether for a few days, or greatly to diminish the dose in which it has been given.

The diseases in which I have administered hemlock with decided advantage are rheumatic affections, both subacute and chronic, particularly when attended with severe pain, neuralgia, and senile gangrene. And although I have employed it very extensively, both in hospital and private practice in those diseases, I have met with but very few instances in which this remedy failed to afford relief: nevertheless, some cases occasionally occur, in which, as is the case with most other medicines, it does not appear to produce the least benefit.—*Dublin Jour.* in *Med. Examiner.*

OBSTETRICS AND DISEASES OF FEMALES.

On Detaching the Placenta in cases of Placenta Prævia. By Dr. RADFORD, M. D.—Since my observation on galvanism in uterine hæmorrhage, published in the *Provincial Medical and Surgical Journal*, I have had letters from many gentlemen, inquiring whether I confirmed the practice of detaching the placenta in cases of placenta prævia to those of exhaustion alone. In order, then, to supersede the necessity of writing to each correspondent, I make the reply through the same channel. In my paper I stated that I had detached the placenta in a case which occurred in 1819, but did not then state that it was unattended by exhaustion. From this and other cases then alluded to, I conclude, that on a complete separation of the placenta, the hæmorrhage is immediately and completely suppressed, provided the uterus is in a condition to so far contract, as to force down the head with the placenta upon the uterine openings. By this practice it may be said that the life of the child is sacrificed: but this will not always happen. We find from hospital and individual reports, that the child is usually dead when the case has been treated by the present recognized means.

In nearly all the cases which I have collected and referred to in my paper, of expulsion of the placenta by the natural efforts, we find that the mother recovered; and when this fortunate event did not happen, it depended upon the serious impression made upon the vital powers before the placenta was completely detached.

It may also be stated that uterine phlebitis takes place more frequently in cases of placenta prævia, when the ordinary practice is adopted, than we observe in the same number of cases of accidental hæmorrhage. This result, in the opinion of the writer, arises from the contusion and slight lacerations which are consequent upon a forced delivery.

From the above statement, I consider I am justified in recommending a modified practice; but I shall not enter fully into the details of the plan, as this brief communication will not allow of it.

First. Then, as neither delivery, nor detaching the placenta, ought ever to be attempted until the cervix and os uteri will safely allow of the introduction of the hand, rest, the application of cold, but, above all, the use of the plug, must never be omitted in cases where they are respectively required.

Secondly. If there are unequivocal signs of the child's death, the placenta is to be completely detached, and the membranes are to be ruptured. The case is then to be left to the natural efforts, provided there be sufficient uterine energy; if otherwise, the ordinary means are to be used, and, in addition, galvanism.

Thirdly. When the narrow pelvis exists in connection with placenta prævia, the practice is to detach the placenta and to remove it, then to perforate the head as soon as the condition of the parts allows, and to extract it by means of the crotchet.

Fourthly. When the os uteri is partially dilated, and dilatable so as to admit of the easy introduction of the hand, when the membranes are ruptured, and strong uterine contraction exists, the practice is to detach the placenta completely.

Fifthly. In all cases of exhaustion, as already referred to in my paper, the practice is to draw off the liquor amnii, by perforating the placenta, as then recommended, then to detach completely this organ, and apply galvanism.

Sixthly. In all cases of partial presentation of the placenta, the artificial rupture of the membranes will generally be found sufficient to arrest the hæmorrhage, but if that should prove ineffectual, then we must apply galvanism.

The practice of removing and detaching the placenta was adopted by some of the older writers; and as I have mentioned in my paper "On galvanism applied to the treatment of uterine hæmorrhage," I detached this organ in the year 1819, although it was not my custom to do so.

Early in October, I received a letter from my respected friend, Professor Simpson, in which he stated he removed the placenta in a case of unavoidable hæmorrhage. He "had the placenta on a plate two hours before the baby was born." The mother recovered. Dr. Simpson has collected a great number of cases of expulsion of the placenta before the child, and has come to the conclusion, that the practice of its removal, in some cases of placenta prævia, is calculated to save the parent's life.

I am glad to have my views on this most important subject corroborated by an authority so deservedly esteemed as Dr. Simpson, to whom I am disposed to award every degree of merit which really belongs to him, as having by observation and research accumulated materials to bring him to the same conclusion at which I arrived myself. Although I feel thus gratified in having the authority of Dr. Simpson in support of this practice, I must confess that it is to be the late Mr. Kinder Wood, who for many years was an active and deservedly respected colleague of mine at the Lying-in Hospital, that the merit (if there be any) is due for first, as a modern obstetrician adopting this practice, and also recommending it in his lectures. The practice I allude to, is that of detaching and removing the placenta in cases of unavoidable hæmorrhage, attended with exhaustion. In the foregoing observations I have ventured to recommend this practice as applicable to cases in which there exist different conditions, convinced that there are many mothers sacrificed by the rash manœuvres consequent on a forced and indiscriminate delivery.—*Provin. Med. and Surg. Jour.* in *N. Y. Jour of Med.*

Effects of Cinchona and the Sulphate of Quinia.—M. Felix Jacquot, principal of the medical clinic of the military hospital

of instruction at Metz, has a long paper in the *Archiv. Gén. de Méd.*, September, 1844, on the relative operation of Peruvian bark, and its chief alkaloid in various diseases. There is no novelty, assuredly, in his telling us that the bark is a powerful tonic and a good febrifuge; but when he adds, that quinia and its salts are eminently febrifuge but not tonic, or if so, in a very limited degree, his views will sound odd to many who have not analyzed the phenomena of fevers, and noted the effects of different classes of medicines on these diseases, carefully separating what is really tonic in their operation, from that which is sedative. In the cinchonic bark there are, as M. Jacquot points out, but not for the first time, two elements, the tonic, and the modifier of the nervous system. The latter is quinia, while the former is made up of the union of several principles, but especially by the cinchonic bitter of Reuss, who regarded this substance as the active principle.

The most accredited succedanea for cinchona, regarded as a febrifuge, are tonics and sedatives. Of the former, the list is very large, and includes chalybeates, various vegetable bitters, and astringents, to which may be added substantial nourishment. The operation of this class, as febrifuges, is slow and gradual; but on account of this slowness of effects, they cannot be relied on to cut short fevers at once, as quinia does. They are adapted to debility, anemia, and other sequelæ of protracted fever. They complete what quinia had begun. To this latter we have recourse in all paroxysmal attacks with recurrence, in nervous complications, as in congestive fevers or pernicious intermittents, and in plethoric states in which a tonic is not demanded. Cinchona fulfils, therefore, other indications than quinia, being both a specific febrifuge in consequence of this latter principle, and a general tonic owing to its bitter, and most probably other principles. This opinion, which might be inferred from the chemical composition of the Peruvian bark, independently or in advance of clinical trials, is probably the true one, but which, of late years, seems to be forgotten or neglected in the treatment of our periodical fevers.

M. Jacquot declares his belief that quinia is a sedative of the nervous system; and probably of the sanguiferous system also. In support of this view he refers to the most approved substitutes for quinia, independently of the tonic class, such as various narcotics, the combinations of cyanid acid with different bases, and such sedatives as tartar emetic, &c.; and next, he directs attention to the physiological effects of quinia in large doses, as being sedative, and to the practitioners who daily employ quinia as a medicine of this nature.

We may be supposed to accord our assent to these views of M. Jacquot, as we have for some years past entertained and publicly expressed similar ones. In one of our lectures on *congestive fever*, in the first edition of Stokes and Bell's Lectures, (1840) we used the following language: "You will give the quinia with more

freedom when you give it a as a sedative, or a means at any rate, if this term sounds exceptionable, of removing entirely the irritation which originated and kept up the paroxysm." "The operation of quinine is not antagonistic to that of blood-letting, nor is it congenial with inflammation." In speaking of dose we remarked: "If we are desirous of making an impression at all decided on the nervous system, and through its sedation of allaying the febrile disturbance of the functions generally, five grains of the sulphate of quinine is the smallest dose which we should think of prescribing for an adult whose idiosyncrasy is not such as to forbid the use of the medicine beyond minute doses."

Since this opinion was advanced in favor of the sedative operation of quinia, farther reflection and observation strengthen our convictions of its accuracy; and some European writers and practitioners are now, like M. Jacquot, distinctly advocating the same view.

In typhoid fever M. Jacquot thinks favorably of quinia; not as a means of arresting the disease, but destroying its diurnal paroxysms, and other epiphenomena which give it an ataxic character, and the removal of which simplifies it to a great extent.—*Bulletin of Medical Science.*

Galvanism applied to the Treatment of Uterine Hæmorrhage, &c.—Dr. Radford says that he has pursued this practice with great success, in cases of hæmorrhage, accidental or unavoidable, accompanied by exhaustion, and occurring before, during, or after labor. He adds—

"I am satisfied, from positive trial of the remedy, that it will be found a most important agent in tedious labor, depending upon want of power in the uterus, and where no mechanical obstacle exists. I would also suggest the probability of its proving valuable in originating uterine action *de novo*, in cases where it may be considered necessary to induce premature labor. It seems to me also to be worthy of trial in certain cases of menorrhagia in the ungravid state, where, on vaginal examination, the uterus is found to be atonic, as evidenced by its large flaccid condition, and the patulous state of the os uteri."

The remedy is thus applied:—

"The brass ball of the vaginal conductor is to be passed up to the os uteri, and moved about, at intervals, on to various parts of this organ; and, at the same time, the other conductor must be applied to the abdominal parietes over the fundus uteri. Shocks may be also passed transversely through the uterus, by simultaneously applying the conductor on each side of the belly.

"The application should be used at intervals, so as to approximate in its effects as nearly as possible, to the natural pains. It may be continued until it meets the exigencies of the case."—*Lancet*, in *Bulletin of Med. Science.*

On the Spontaneous Expulsion and Artificial Extraction of the Placenta before the Child, in Placental Presentations.—Professor Simpson read to the Medico-Chirurgical Society of Edinburgh, Dec. 4th, 1844, a paper on the expulsion and extraction of the placenta before the child, in cases of unavoidable hemorrhage. He showed, that in common cases of presentation of the placenta, when managed according to the rules generally followed under the circumstances, the mortality among mothers was very great. Out of 174 cases, tabulated from different authors, by Dr. Churchill, this complication had proved fatal to 48 mothers; and a more extensive table of 339, drawn up by Dr. S. himself, presented a mortality of 115 mothers:—or, one out of every three died.

In contrast with these statistics, Dr. S. brought forward a number of cases, (some previously recorded, and others collected from private sources,) in which the placenta had come away before the infant, either expelled by the natural efforts alone, or in consequence, in several instances, of the reputed bad management of the accoucheur. The number of cases collected was 120 in all. Out of these only eight mothers died, or one in fifteen. In two of these, the cause of death was not stated by the reporter; in three, the patient perished from puerperal fever; and two only were alleged to have died from hemorrhage. In one of these two last cases, the hemorrhage ceased as soon as the placenta was separated, but too late to save the woman.

The same cases also show that, though much blood may have been escaping *before* the placenta comes away, yet as soon as the separation is *complete*, the hemorrhage usually ceases, or becomes very trifling. A complete separation of the placenta is thus proved to be far less dangerous than a partial one,—a fact that at first may appear somewhat paradoxical, but which is readily explained by the construction of the fœtal placenta. The hemorrhage comes chiefly from the placenta itself. When it is only partially separated from the uterus, the blood enters freely by the adherent portions, and escapes as freely from the surface of the portion of placenta that is detached.

From a consideration of these facts, Dr. S. was led, four years ago, to propose to the obstetrical society, whether in cases of hemorrhage from placental presentations, we should not sometimes adopt the practice of extracting the placenta, in order to arrest unavoidable hemorrhage, leaving the fœtus to be expelled by the natural efforts of the uterus, or otherwise. Dr. S. stated he had adopted this procedure, in one case, with perfect success, the placenta having been extracted two hours before the birth of the child. This method, he thought, would be found particularly applicable to those sets of cases in which turning or rupture of the membrane is inexpedient or impracticable; as, in cases where hemorrhage occurs to an alarming extent, while the os uteri is still small and rigid; in unavoidable hemorrhage in first labors; in placental presentations, when the patient's strength is already

so sunk, from the flooding, as not to allow, without danger, of immediate turning or forcing delivery; in cases where the child is known to be dead, &c., &c.

At the subsequent meeting of the Society, (Jan. 8, 1845,) Dr. S. asserted his claims to have originated the plan of treatment described above, and stated that it had been discussed yearly ever since he was elected to the Chair of Midwifery in the University, —was well known to most of his obstetric brethren in Edinburgh, —and had been, in 1841, formally brought by him before the Obstetric Society. He was sorry to be obliged to state these points in his own behalf on such a subject, but he had been advised that silence upon the matter would be highly unjust, both as regarded himself, and as regarded the Society.—*Lond. & Edin. Month. Jour. Med. Sci.*

Influence of shortness of the Umbilical Cord on Labor.---MM. Capuron and Danyau read to the French Academy of Medicine a report on a memoir presented by M. Hirtz, of Strasbourg, on this subject. M. Hirtz believes, along with many old and modern accoucheurs, that shortness of the cord, either natural or secondary, (when it is rolled around the neck of the fœtus,) is a cause of difficult labor, and warrants, indeed necessitates, the use of the forceps, as soon as possible after it has been recognized. It may, he says, be recognized by the following symptoms: The alternating descent and ascent of the head in the vagina, occasioned by the uterus dragging up the fœtus, when it ascends after being pressed downwards by the contraction of the abdominal muscles; local pain experienced in that part of the uterus to which the placenta is attached, and caused by the dragging of the cord. The reporters, in contradiction to M. Hirtz, do not appear to admit that shortness of the cord is an impediment to labor, and deny entirely the value of the symptoms given by M. Hirtz, which may be said to sum up those of former writers. They think that the ascent of the fœtal head in the interval of uterine contraction is the result of the elasticity of the bones of the head, and of the parts which cover the parietes of the maternal pelvis. Moreover, the uterus, being in a state of relaxation, cannot exercise any traction on the fœtus. Even in cases in which the head of the fœtus appears to traverse nearly the entire length of the vagina, in its alternate descent and ascent, they think that the circumstance is to be attributed merely to the above causes, viz: the elasticity of the head and parietes of the pelvis. As to the local uterine pain, it is often observed even in the most natural labors, and is, consequently, of little or no value. They do not find, either, that the adoption of these views has influenced the practice of M. Hirtz. In the cases which he narrates, the patients being primiparous, the head remaining much longer than usual in the cavity of the pelvis, and there being local uterine pain, M. Hirtz applied the forceps. Finding the cord twisted round the neck of the fœtus, he conclu-

ded that this was the cause of the tardy delivery. Such an opinion, although legitimate, is not conclusive, as it is merely founded on the coincidence of a tedious labor in a primiparous woman, with twisting of the cord round the fœtal neck. The application of the forceps was indicated in such a case without reference to shortness of the cord.—*Lancet*, Jan. 4, '45, in *Am. Jour. of Med. Sci.*

Method of Ascertaining before Accouchement whether the Mother will have sufficient Milk.—"Donné brings forward the following propositions with the greatest confidence in their truth, and after having tested them by a very considerable experience.

"Pregnant women, considered in the relation of the secretion of colostrum, during the last months of gestation, may be distributed into three classes:—

"1st. Those in whom this secretion is, so to say, absent, and from whom it is impossible to obtain, by a regulated pressure, more than a drop, or half a drop of a liquid presenting to the microscope some few milky globules, with granular bodies swimming in a troubled or viscid liquid.

"2d. Those in whom the secretion is more abundant, and from whom there can be drawn with facility a fourth or half-glass of colostrum, offering the following characters to the microscope: milky globules few, and of a middle size, or numerous and very small; these globules, sometimes badly formed, swim in a liquid of little density; they are mixed with a certain number of granular bodies, and sometimes we find at the same time mucous globules.

"3d. The third class comprehends those women in whom the secretion of the mammary gland is not only abundant, but in whom it is also rich in globules of a good size, being, for the most part, 1-100th to 1-30th of a millimetre, in diameter; they are well-formed, and nearly as regular as in perfect milk; it presents, likewise, the oily drops, granular bodies, &c., of the colostrum.

"Now, if the first kind of colostrum exist before birth, you may be sure that the milk subsequently will be serous, poor, and insufficient for the nourishment of the child. In the second category, also, the milk, after accouchement, may be very abundant, but it will be poor and serous. The third kind of colostrum, however, indicates always a milk equally rich and abundant.—*Dublin Journal* in *Bulletin of Medical Science.*

Errata.—In the Case of Encephaloid Tumor in our last, for "centract" read "central," for "alternatives" read "alteratives," and instead of "the secretions as far as possible, were regulated internally and externally," read "Internally and externally, iodine," &c.—Ed.